

7887 GRAVES DETACHMENT

APO 757

243 unk St. Avold X-6599 *ms*

Attached hereto are case papers for an approved unidentifiable case which are considered to be of investigative importance. Records of this headquarters indicate these case papers were not previously forwarded to OQMG for:

UNKNOWN X-6599 St Avold

(POC) ST AVOLD

*File
W. J. Lord
26 Feb 51
Jd BV*

CHECK LIST OF UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment
WD QMC Form 1042)

Unknown X-6599
Cemetery (Q-280584) St. Avoild France
Plot FFFF Row 3 Grave 29

1. Arrived at cemetery 1430 11 July 1946
(hour) (date)
2. Place of death Grue nau, Austria, Germ. Austr. Sheet 48, 1:250,000
(name of closest town) (coordinates and letter Prefex, maps)
(V 6536 (Sheet, scale and serials used)
3. Remains recovered or disinterred by 535th QM.GR.Co.
(name and organization)
4. Evacuated to Cemetery by Major Wm.J.Pelton, HQ, Third Field Command AGRC.
(name and organization)
5. Description of clothing and equipment : (If clothes do not fit, obtain size from body measurements).

Clothing Markings Sizes Indicate unusual markings
Color wear, tear, repairs, etc.

Item	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear (type) none			
Raincoat none			
Overcoat none			
Jacket, Field none			
Jacket, Combat none			
Mackinaw none			
Sweater none			
Jacket, HBT none			
*Shirt, Wool OD none			
Undershirt, Wool none			
Undershirt, Cotton none			
Trousers HBT none			
*Trousers, Wool OD none			

Belt, Web none

Drawers, Wool none

Drawers, Cotton none

Leggins, Wool none (Note unusual lacing)

Socks, Cotton none

*Shoes (type) none

Overshoes none

Web Equipment (Type) none

(Other item) none

(Other item)

*If body is nude, sizes of these items should be computed by measuring the remains.

6. Chevrons or Insignia none
(type & location : shirt, jacket, coat, helmet)

Shoulder Patch none

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces.
Air Force

8. Description of Remains :

Age UTD Height UTD Weight UTD Description of wounds UTD

Bandages or dressings UTD Scars UTD
(length, width, location)

Tattoos UTD
(Number, location — illustrate on sep. page)

Outstanding moles, warts or birthmarks UTD
(yes-no ; description, location)

Sunburn or tan, other than hands & face UTD

Complexion UTD
(light, med. dark, clear, pimples, poeks, freckles)

Build UTD
(large, fat, thin, muscular)

Hair UTD
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair UTD
(baldness, widows peak, distinctive cutting or other characteristics).

Sideburns UTD Mustache UTD Beard or UTD
(color, setting, shape) (color, size, shape) (length, heavy)

Goatee UTD
(light, color, extent)

Eyes UTD Eyebrows UTD
(color, setting, shape) (color, bushiness, extent across nose)

Nose UTD Ears UTD
(size, shape, straight) (size, set close to or far from head)

Mouth UTD Lips UTD
(large, medium, small) (small large, full)

Teeth SEE TOOTH CHART
(white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin UTD
(prominent, receding, pointed, dimple, double)

Jaw UTD Circumference of head in inches UTD
(large, small, normal) (hat band)

Neck UTD Larynx UTD
(size, length, short, normal, wrinkled) (prominent, normal)

Shoulders UTD Arms UTD
(broad, straight, small, rounded) (length, muscular, color)

UTD
(extent and quantity of hair)

Hands UTD

Fingers UTD
(short, thick, long, slender, size of knuckles, missing fingers or joints)

UTD
(Unusual characteristics of fingernails)

Chest UTD
(size of nipples, color, quantity & extent of hair, large, small normal)

Back UTD aist UTD
(quantity & extent of hair) (size of navel, appendectomy, amount)

UTD Circumcision UTD Pubic hair UTD
(quantity & color of hair) (yes-no) (color)

Hernioplasty UTD
(yes-no; location)

Legs UTD
(inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet UTD (size, corns, callouses, flat) Toes UTD (slender, straight, crooked, overlap)

Evidence of healed fractures UTD (nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :



10. Have fingerprints been placed on Report of Interment NO (yes-no)

If not, explain. BADLY DECOMPOSED AND MISSING PORTIONS.

11. Has tooth chart been prepared YES If not, explain (yes-no)

12. Remarks : Remains completely decomposed .Segregated remains from

Case # 13019.

Est.weight of remains recovered 15 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

(MK)
Wm. J. Pelton

Officer's Name

Wm. J. Pelton

Major

QMC

Rank

Service

HQ. Third Field Command AGRC.

Organization

REPORT OF INVESTIGATION

AREA SEARCH

UNKNOWN X-6599
REPRINTED U.S. MIL. CTR.
ST. AVOLIN, FFVF-3-29

AGRC Form # 10 (Revised)

1 January 1946.

1st July 1946

Date

NAME Unknown X-6599 RANK Unk. ASN Unknown

ORGANIZATION A.A.F.

MEANS OF IDENTIFICATION None

(All statements above this line will be completed, upon final processing, by the clerical staff at the unit processing point.)

SECTION A - GENERAL (To be completed by investigators in all cases)

1. Was positive identity acquired for the deceased through the surface investigation?
If so, state the following information :

a. NAME _____ RANK _____ ASN _____

b. ORGANIZATION _____

2. Was partial identification established? **yes** . If so, state the facts as to whom you believe the deceased to be :

a. NAME Getuan, Leonard E. RANK Unk. ASN O-805387

b. ORGANIZATION Unk.

3. NAMES OF OTHER DECEASED BURIED IN IMMEDIATE VICINITY _____

7 other members of crew of bomber

(Use reverse side for listing of crew members from MACR)

a. Date of above burials 16th May 1946 Common Graves? yes

5. Name and Type of Cemetery Isolated burials
(Military or Civilian)
6. Map Coordinates of the Cemetery _____
a. Town Gruenau Country Austria
7. Give exact location in cemetery of the remains.
a. Section _____ Row _____ Grave _____
b. Is Sketch attached? _____
8. If remains are not located in a cemetery, give exact location. 99
a. Town Gruenau Coordinates 1:250,000
Austria Sheet 45, Salzburg (V-6536)
b. Is sketch attached? Yes
c. Is area mined? no
9. How is the grave marked? wooden cross
10. If grave is marked with cross, give exact markings thereon _____
Unknown
a. From what source was this information obtained? _____
(Identification tags, personal effects)
b. By Whom _____
11. Where are the cemetery records? Bürgermeister's office
(Town Hall, cemetery, burgermeister's office)
a. What information was contained thereon? _____
Names of deceased and burial place
b. Where was the information obtained? unk.
c. By Whom? _____
12. What is the date of death? 23rd Feb. 1944
a. Give basis records of Gendarmerie
13. What is the cause of death? UNKNOWN crash and fire
seems by town people
b. Give basis _____
14. What is the date of burial? 16th may 1944
a. Give basis records of Gendarmerie

15. Where was the place of death? Gruznau - Austria Coords Sheet 48, Salzburg
1:250,000 (V-6556)
Give basis Testimony of town people

16. Where were the remains found? nearby mountainside Coords same as # 15

a. By Whom? English P.W.'s

b. Is sketch attached? yes

17. Was a casket used? no Who furnished the casket? _____

Type of casket _____ How marked? _____

18. Who made the burial? German Military
(Civilian, American Mil. or German Mil.)

a. What are the names and addresses? not available

b. Are certificates and statements attached? yes

SECTION B - AIR CORPS DECEASED (To be Completed only if Deceased is believed to be a member of the AAF).

19. Were remains found in the plane wreckage? yes

a. Give location in plane from which the bodies were removed _____

(Tail gunner, pilot, radio, turret, etc., or front, side, of plane)

b. Near wreckage? yes

20. Scene of crash must be investigated. Give complete results of Investigation (if removed, state when and by whom).

a. Type of Plane bomber

b. Markings and/or name on plane wreckage inaccessible

c. Give numbers on motors, machine guns, instruments, radios or other equipment: _____

21. How did crash occur? Anti-aircraft

Enemy Planes? _____ Collision? _____

22. Did plane explode in the air? _____ On ground? _____
23. Did plane burn in the air? **yes** _____ On ground? **yes** _____
24. What was the direction of the flight? **FROM GERMANY** _____
25. What was the civilian opinion regarding destination of plane?
returning to home base _____
26. Had bombs been released prior to the crash? **yes** _____
27. Does specific time and date of crash correspond with date of death of above named deceased?
yes _____
28. Number of planes in formation prior to crash **one** _____
29. State precise time and date of plane crash **day 11-18** _____
(Night? Day?)
30. Were parachutists seen? **yes** _____ How many? **8** _____ Escaped? **no** _____
Prisoners? **yes** _____

SECTION C - ARMORED CORPS DECEASED (To be completed only if deceased is believed to have been a member of the Armored Force).

31. Were remains found in wreckage of a tank? _____
- a. Give specific position in tank from which deceased was removed. _____

(Radio man, driver, assistant driver or... front, side, or back)
- b. Near wreckage? _____
32. Location of destroyed tank must be investigated. Give complete results of investigation. (If removed, state when and by whom)
- a. Type of tank _____
- b. Markings and/or name of tank _____
- c. Numbers on motors, machine guns, ammunition, instruments, etc _____
33. What was the type of enemy action that resulted in the tank's disablement? _____

34. Did tank explode? _____ Burn? _____

35. Number of tanks in immediate vicinity at time of disablement _____

36. Does specific time and date of disablement correspond with date of death of above named deceased? _____

37. Precise time and date of destruction of tank _____
(Night? Day?)

38. Did any of the crew members escape? _____ Prisoners? _____

SECTION D - OTHER BRANCH (To be filled out if B & C are not applicable)

39. Did death occur from any other means? (i. e., truck, jeep, mines, drowning, or small arms fire) _____

If so, give, complete and thorough results of the interrogation.

a. Are all certificates and statements of people who possessed knowledge of the case attached? _____

40. State the specific clues and evidence that were obtained in securing the name and facts regarding the above listed deceased **name was obtained from Gendarmerie records and papers at town hall**

SECTION E - GENERAL (To be completed by investigation in all cases)

41. Were personal effects recovered by the investigating team **no**

If not, state reason **none found**

a. Were identification tags found at the time of death? **unknown**

Where? _____ By Whom? _____

Present disposition **unknown**

If deceased is not identified, personal effects will not be forwarded to PE Depot, but will remain with this form until final identification is made, or investigation is abandoned.

b. Were personal effects found at the time of death? **unknown**

Where? _____ By Whom? _____

Present disposition **unknown**

c. Was deceased identified by living members of the crew at the time of death? _____

d. Did Cemetery register or cross indicate the immunization shot? **no**

42. Was Deceased given first aid? **no** If so, where? _____

By whom? _____ Are statements from the medical people attached? _____

43. Was deceased evacuated to a German civilian hospital? **no**

WHERE? _____ Names of people concerned _____

44. Is it possible on surface investigation to obtain from civilian sources a physical description of the deceased? **no**

45. Is it possible on surface investigation to obtain from civilian sources the condition of the remains?

burnt

(Burnt? Disassembled? etc)

46. Do facts surrounding death show any evidence that it might be an atrocity case? _____

no

a. If so, give basis for positive assumption _____

b. If so, has higher headquarters been notified? _____

47. Was case previously investigated? **no** By Whom? _____

When? _____

48. Give full names, addresses, and information obtained from each person interviewed _____

Gendarmerie, town hall

49. Are all positive statements regarding identification and particulars surrounding death attached? _____

yes

50. Has any information been given concerning isolated burials in the area outside the immediate vicinity?

no

51. Was investigation preceded by advanced publicity? **yes**

(If special investigation, give case number)

52. Give Brief Narrative

Bombing

(Use attached sheets, if necessary)

Donsberger

Signature of Interpreter

Rank ASN

Organization

Stanley M. ...

Signature of Investigator

Pvt. 42211926

Rank ASN

535 QM.CB.Co.

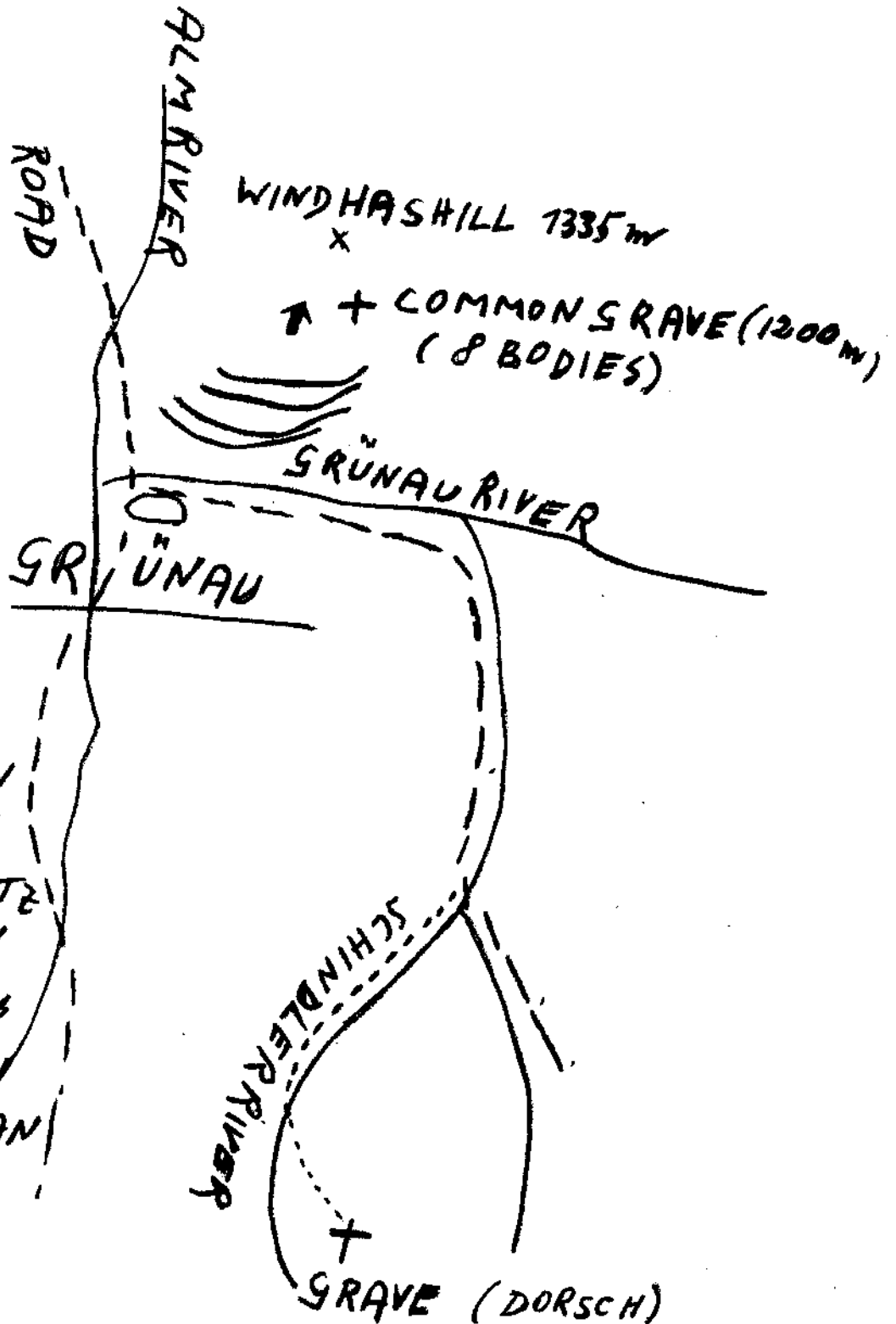
Organization

The bomber was returning from a bombing mission when shot down in flames by enemy aircraft. 2 parachutists were seen but the men were taken prisoner by the Germans. The other men burned in the wreckage and were later buried by English P.W.s.

GRÜNAU

Sht. 48 - SALZBURG
1/250,000 (V-6536)

UNKNOWN X-6599
REINTERMED U.S. MIL. COM.
ST. AVOLD, FFF-3-29



- JAMES R. GREEN
- LEONARD R. SETUAN
- ED. L. PAPIERNIAK
- FRANKLIN J. BUBLITZ
- LEYLE L. HANSEN
- RALPH E. VORHEES
- JOHN MARIANSEL
- THOMAS K. NEWMAN

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

27 June 1949

Date

113 Unknown France X-6599 (Stout)
SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Memorial Division
Washington 25, D. C.

1. The records pertaining to Unknown X- 6599, Plot FFFF, Row 3, Grave 29, USMC ST. AVOLD, France have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

2. Report of Reprocessing was forwarded to your office by letter of transmittal No. 4067, dated 27-6-49. No further information is available.

FOR THE COMMANDING GENERAL:

/s/
/t/

Case reviewed by undersigned Members of the Board of Review:

/s/ H.P. Henry
/t/ Col. H.P. HENRY, O-12589 QMC

/s/ Roger Berger
/t/ Major R. BERGER, O-251736 ORD

/s/ Edward E. Stout
/t/ 1/Lt. Edward E. STOUT, O-1594512
CE

20 JUL 1949

Received _____ OQMG

Not identifiable from
information presently
available

*File NAT
20 July 49
Heldew
Edwards Ave.*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
EUROPEAN AREA
APO 58 US ARMY

RRE 293

27 June 1949
(Date)

CERTIFICATE OF UNIDENTIFIABILITY OF REMAINS

1. The records pertaining to Unknown X - 6599, Plot FFFF
Row 3, Grave 29, USMC ST. AVOLD, France,
have been reviewed and it is the opinion of this Office that sufficient
evidence is not available at the present time to establish the identity
of the deceased concerned. The remains concerned should be classified as
unidentifiable at the present time.

2. Report of Reprocessing of remains was forwarded to your
Office by Transmittal Letter No. 4067, dated 27-6-49.

3. Remarks:

Case reviewed by undersigned Members of the Board of Review:

Col. H.P. HENRY, O-12589

QMC

Lt. Col. E.D. MULVANY, O-359598

QMC

Major R. BERGER, O-251736

ORD

Capt. Jack G. HAYES, O-1577297

QMC

Capt. E.F. PRICE, Jr. O-1588236

QMC

1/Lt. Edward E. STOUT, O-1594512

CE

Rqst. for Personal Effects sent to Kansas City, 14 Jul 49. Information presently available from
Negative reply received.
I 1151 #12

19 JUL 1949 OQMG

available

1. FILE UNDER NO.

295 - Wak. Bureau X- 6599 (St. Avoird)

SYNOPSIS

2. TYPE OF DOCUMENT:

Letter

3. DATE:

28 Feb 49

4. FROM:

CGME

5. TO:

CG, HRCG, RA, APO 88, NY, New York

6. SUBJECT:

Serial Information

7. DOCUMENT FILED

UNDER NO.

295 - GRS, European

(Ident.)

msb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st Ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

COPY

28 April 1946

Dear Sir:

In reply to your letter concerning the recovery of the remains of the late Second Lieutenant Leonard R. Getman and the other members of the crew who perished with him on the raid of February 23, 1944.

Lieutenant Getman along with Lieutenants Green, Hublitz and Sgts. Hansen, Vorhies, Paperniak, Newman and Mariangelli are buried atop of a mountain located at the outskirts of the small town of Grunau, Austria. Grunau is approximately 50 kilometers south of the city of Wels, Austria. It is possible that the remains of these boys may have been removed to the cemetery in Grunau.

Hoping that this information may be of assistance in the recovery of the above personnel.

Sincerely yours,

/s/ L. J. Samsa
L. J. Samsa

COPY

293 Markham - X-65799 for burial, started on 1/1/46

File
Done
1/1/46

COPY

On 23 February 1944, I was the navigator in plane No. 107 on a mission to bomb installations at Steyr, Austria. Over the target area just before bomb release time, I saw a ship marked with a white '1', Lieutenant Sassa's fall out of our element and go down out of control. My crew members observed two chutes leave the ship. The time was approximately 1210. The altitude about 21,000 feet. The coordinates, 48 Deg 10'N-14 Deg 02'E.

/s/ Lawrence Levinson F/O A/C

On 23 February 1944, I was co-pilot in ship No. 109. According to my observations of Lieutenant Sassa's ship, I certify that the above statement is true.

/s/ Joseph F. Hensch, A/C 2/14. A/C
/s/ Edward W. Molenda S/Sgt. A/C

Crew of A/C #41-29213 (MACH in Marinangeli's 293 file accompanying case)

SAMSA, Louis J., Jr.	1/Lt.	0-661134	EUS	
GREEN, James R.	2/Lt.	0-804650	KIA	<i>identified by top 17c</i>
GETUAN, Leonard R.	2/Lt.	0-803307	KIA	Identified as X-6588
BUBLITZ, Franklin J.	2/Lt.	0-688305	KIA	<u>subject case</u> <i>3/2/48 4/11/48</i>
BRENNEMAN, Robert A.	S/Sgt.	17071400	EUS	
VORHEES, Ralph E.	S/Sgt.	35343644	KIA	Identified, <i>prev 6/26</i>
PAPIERNIAK, Edward L.	S/Sgt.	16156843	KIA	Identified <i>by top</i>
NEWMAN, Thomas K.	S/Sgt.	33175835	KIA	<i>identified, prev ident as 20th</i>
HANSEN, Lyle L.	S/Sgt.	17165525	KIA	Identified <i>by top</i>
MARINANGELI, John J.	S/Sgt.	36971849	KIA	<u>Case in process</u> <i>Sheet 4/11/48</i> <i>In duct, prev 1-6-48</i>

1		This Grave formerly occupied by: DEPTULA Edwin A USMC ST AVOLD, FRANCE DISINTERMENT DIRECTIVE 31278589 PFC Plot J, Row 36, Grave 14 Date disinterred: 9 July 1949 Date reburied: 9 July 1948	
SECTION A — NAME AND BURIAL LOCATION OF DECEASED		CAPT. SWART QMC	DIRECTIVE NUMBER 3574 00000
NAME		SERIAL NUMBER 293 UNKNOWNX-006599	DATE 15 01 48 DAY MONTH YEAR
CEMETERY ST AVOLD - METZ		RANK	ARM 1
PLOT 4F		ROW 3	GRAVE 29
COUNTRY FRANCE		DISPOSITION OF REMAINS 0 3503 80 CODE DIST. PT.	
CAUSE OF DEATH 6		SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE SAINT AVOLD, FRANCE (BY ADMINISTRATIVE ORDER)		NAME AND ADDRESS OF NEXT OF KIN	
SECTION C — DISINTERMENT AND IDENTIFICATION			
NAME UNKNOWN		SERIAL NUMBER X-006599	DATE DISTINTERRED 2 August 1948
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAAF	RELIGION MILLAR H. Mc WHORTHER Embalmer NAME AND TITLE
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT			
NATURE OF BURIAL Mattress Cover		CONDITION OF REMAINS All major bones fractured or missing except right Humerus and Ulna Skeletal form -, no flesh.	
OTHER MEANS OF IDENTIFICATION Report of Burial with Remains			
MINOR DISCREPANCIES / Extra bones removed as per OI.55 given CIL # 3853			
REMAINS PREPARED AND PLACED IN CASKET Transfer Case			
DATE 15 October 1948		BY MILLAR H. Mc WHORTHER	
CASKET SEALED BY MILLAR H. Mc WHORTHER		EMBALMER (Signature) MILLAR H. Mc WHORTHER	
CASKET BOXED AND MARKED		All markings plates & tags verified by: RAFAEL T. RUIZ, 1st Lt., FA, 7857 AGRC	
DATE 15 Oct 48 BY MILLAR H. Mc WHORTHER		RAFAEL T. RUIZ, 1st Lt., FA, 7857 AGRC	
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.			
Except Casketing RAFAEL T. RUIZ, 1st Lt., FA, 7857 AGRC, Zone III, HQ SIGNATURE OF GRS INSPECTOR			
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.			

FILE UNDER NO. 293 - Unk. France X- 6599 (St. Avoird)

I N D E X S H E E T

S I N O P S I S

Letter

18 Sept. 1947

FROM: CCMG
TO: CG, Amer. GRC, European Area, APO 58, c/o PM, New York

SUBJ: Request for Distinernent - Identification of Unknown
deceased.

DOCUMENT FILED UNDER NO. 293 - Unk. France (Misc) (St. Avoird) (X-6588, 6592, 6599,
6603, 6626)

rtb

IDENTIFICATION DATA

E.O. 1281

1. REMAINS OF UNKNOWN X-6599	2. DATE OF REPORT 10-6-49				
3. NAME OF CEMETERY ST. AVOLD	4. PLOT FFFF	5. ROW 3	6. GRAVE 29	7. DATE OF	
			DISINTERMENT --		REINTERMENT --

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT of reprocessed remains 4 lbs	9. ESTIMATED HEIGHT 5' 5 1/2"	10. COLOR OF HAIR None found	11. RACE --
--	---	--	-----------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Two embossed plates marked:
UNKNOWN X-6599**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U.T.D.

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? --
---	---------------------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Very badly
--	-----------------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE FOUND

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

remains received in skeletal form in a repatriation type casket. Teeth found with remains. No clothing. Remains previously processed by repatriation. No evidence of any healed fractures or amputations. No I.D. tags found.

s/t THOMAS W. TURNER

Incl #1

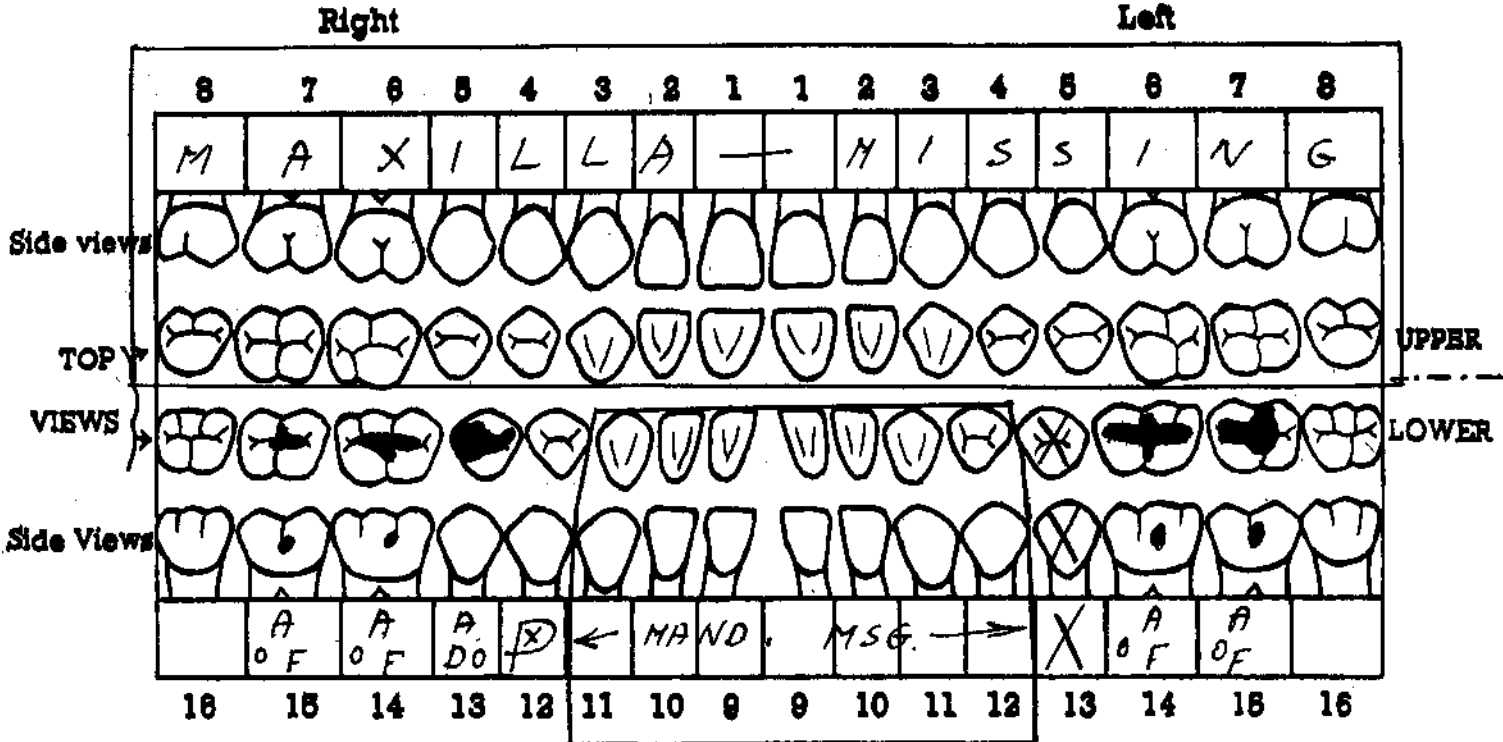
TOOTH CHART

10-6-49

Date

X-6599

Last Name	First	Initial	Grade	Serial No.
Unit			Organisation	
Place of Death		Date of Death		Cause of Death



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

CERTIFIED TRUE COPY

George L. Freeman
 GEORGE L. FREEMAN
 1/Lt. OMC
 Actg Asst Adj Gen

s/t/ LARRY DE SHOW

Signature of Officer or other person who prepared Teeth chart

DAC

Verified by G. A.C. Officer

ET FORM 1-22 (29 AUG.46)

(OLD GRAVE REGISTRATION FORM 1-A)

(See reverse) AGL (3) 10-46-50M-6912-1207

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES). Outline location and size of cavity, shade in thus :

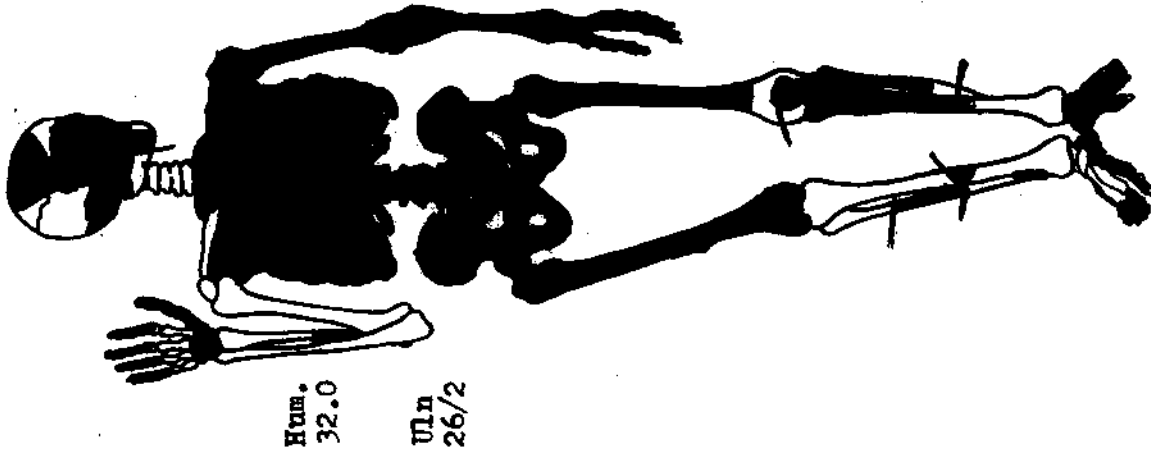


DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp"

ADDITIONAL SPACE FOR FURTHER REMARKS

- Size - Small
- alignment - Good
- color - Dull wory

19. BLACK OUT PARTS OF BODY NOT RECORDED



Humerus 32.0
Ulna 26/2

Est. Height is 5'5 1/2"

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

s/t THOMAS W. TURNER

NARRATIVE

Upon processing, the cases listed on E.O. 1281, the following was accomplished.

X-6603 (B) was eliminated and consolidated with HANSEN, LYLE L. 17165525. Consolidation was possible because of exactness of bones of HANSEN & X-6603 (B) as to size and structure.

X-6599 could not be eliminated because consolidation with any of the other remains was impossible. It could not be designated as a CIL because it consists of almost 1/3 of a human remains.

s/t THOMAS W. TURNER
DAC

TOOTH CHART

U. S. I. M. CEL.
OFFICE 3 ONE 29

1st July 1946

Date

Unknown X-0000

Unknown

Unk.

Unknown

Last Name First

Initial

Rank

Serial No.

Unknown

A, A, F.

Unit

Organization

Greenan, Austria

Est. 25 Feb, 1944

Plane crash

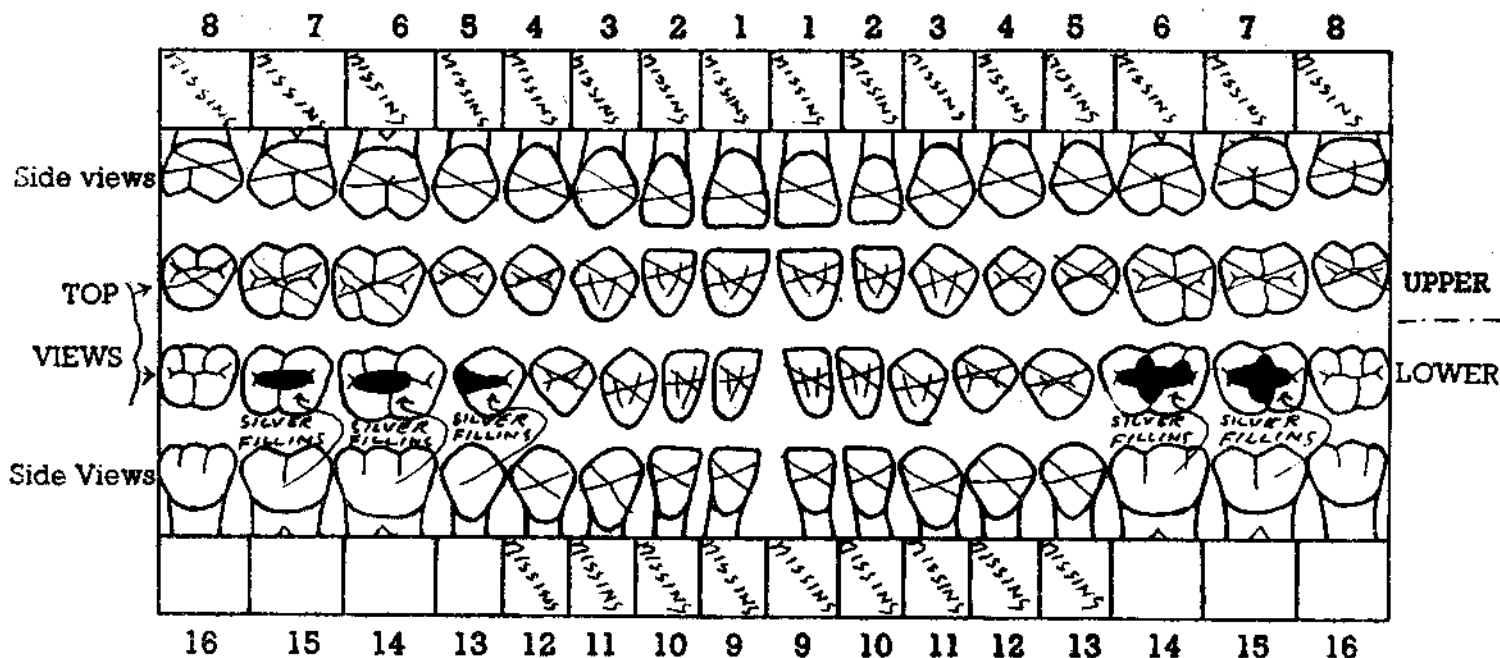
Place of Death

Date of Death

Cause of Death

Right

Left



This dental chart is very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

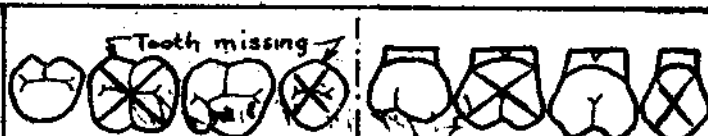
Thomas W. Turner.

Signature of Officer or other person who prepared Tooth chart

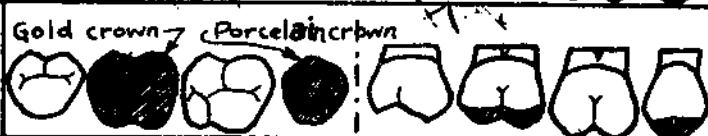
Wm. J. Pelton

Verified by G. R. S. Officer
Wm. J. Pelton
Major QMC

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X" 'd out and labeled, thus :



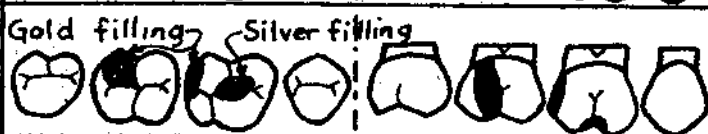
CROWNED TEETH... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain), thus :



BRIDGE WORK... Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus :



FILLINGS... Draw filling on tooth as accurately as possible (block in and label gold, silver, cement), thus :



CARIES (CAVITIES), Outline location and size of cavity, shade in thus :



DENTURES (PLATES)... Draw diagram of relative size and shape of plate, block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp."

ADDITIONAL SPACE FOR FURTHER REMARKS

The mandible was fractured between 18-11 right and these teeth were missing since death, number 18-11-10-9 right and 9-10-11-12-13 left. Part of the mandible jaw bone was missing at the end of 16 left. There was no maxillary with the body.

CHECK LIST OF UNKNOWNNS

(to be completely filled out and attached to each copy of Report of Interment
WD QMC Form 1042)

Unknown X-6599
Cemetery (Q-260584) St Avelde France
Plot ~~VIII~~ Row 3 Grave 29

1. Arrived at cemetery 11 30 11 July 1946
(hour) (date)
2. Place of death Grunau, Austria, Corp. Austr. Sheet 48, 1:250,000
(name of closest town) (coordinates and letter Prefex, maps)
(V 6536)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 535th QM.GR.Co.
(name and organization)
4. Evacuated to Cemetery by Major Wm.J. Pelton, HQ, Third Field Command AGRC.
(name and organization)
5. Description of clothing and equipment : (if clothes do not fit, obtain size from body measurements).

Item	Clothing Markings	Sizes	Indicate unusual markings Color wear, tear, repairs, etc.
*Headgear	NONE		
Raincoat	NONE		
Overcoat	NONE		
Jacket, Field	NONE		
Jacket, Combat	NONE		
Mackinaw	NONE		
Sweater	NONE		
Jacket, HBT	NONE		
*Shirt, Wool OD	NONE		
Undershirt, Wool	NONE		
Undershirt, Cotton	NONE		
Trousers HBT	NONE		
*Trousers, Wool OD	NONE		

Belt, Web **NONE**

Drawers, Wool **NONE**

Drawers, Cotton **NONE**

Leggins, Wool **NONE** (Note unusual lacing)

Socks, Cotton **NONE**

*Shoes (type) **NONE**

Overshoes **NONE**

Web Equipment (Type) **NONE**

(Other item) **NONE**

(Other item)

*If body is nude, sizes of these items should be computed by measuring the remains.

6. Chevrons or
Insignia **NONE**

(type & location : shirt, jacket, coat, helmet)

Shoulder Patch **NONE**

7. Does clothing indicate that deceased was a member of the Air, Ground or Naval Forces

Air Force

8. Description of Remains :

Age **UTD** Height **UTD** Weight **UTD** Description of wounds **UTD**

Bandages or dressings **UTD** Scars **UTD**
(length, width, location)

Tattoos **UTD**
(Number, location -- illustrate on sep. page)

Outstanding moles, warts or birthmarks **UTD**
(yes-no ; description, location)

Sunburn or tan, other than hands & face **UTD**

Complexion **UTD**
(light, med. dark, clear, pimples, poeks, freckles)

Build **UTD**
(large, fat, thin, muscular)

Hair **UTD**
(color, length, quantity, curly, wavy, straight, whorls, or definite parting).

Hair **UTD**
 (baldness, widows peak, distinctive cutting or other characteristics).

Sideburns **UTD** Mustache **UTD** Beard or **UTD**
 (color, setting, shape) (color, size, shape) (length, heavy)

Goatee **UTD**
 (light, color, extent)

Eyes **UTD** Eyebrows **UTD**
 (color, setting, shape) (color, bushiness, extent across nose)

Nose **UTD** Ears **UTD**
 (size, shape, straight) (size, set close to or far from head)

Mouth **UTD** Lips **UTD**
 (large, medium, small) (small, large, full)

Teeth **SEE TOOTH CHART**
 (white, size, unevenness, spacing, noticeable crowns, fillings, extract).

Chin **UTD**
 (prominent, receding, pointed, dimple, double)

Jaw **UTD** Circumference of head in inches **UTD**
 (large, small, normal) (hat band)

Neck **UTD** Larynx **UTD**
 (size, length, short, normal, wrinkled) (prominent, normal)

Shoulders **UTD** Arms **UTD**
 (broad, straight, small, rounded) (length, muscular, color)

UTD
 (extent and quantity of hair)

Hands **UTD**

Fingers **UTD**
 (short, thick, long, slender, size of knuckles, missing fingers or joints)

UTD
 (Unusual characteristics of fingernails)

Chest **UTD**
 (size of nipples, color, quantity & extent of hair, large, small normal)

Back **UTD** aist **UTD**
 (quantity & extent of hair) (size of navel, appendectomy, amount)

UTD Circumcision **UTD** Pubic hair **UTD**
 (quantity & color of hair) (yes-no) (color)

Hernioplasty **UTD**
 (yes-no; location)

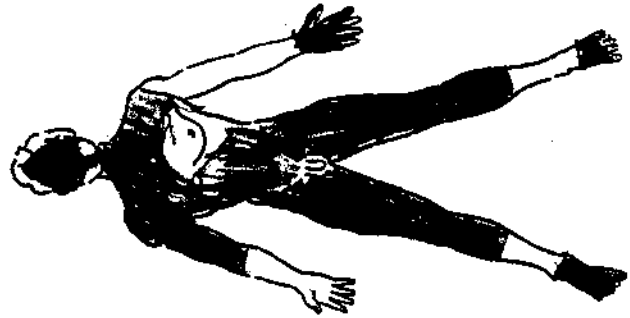
Legs **UTD**
 (inseam, muscular, knock-kneed, bowed, normal, quantity, color & extent of hair)

Feet **UTD**
(size, corns, calluses, flat)

Toes **UTD**
(slender, straight, crooked, overlap)

Evidence of healed fractures **UTD**
(nose, arms, legs, etc.)

9. Black out parts of body not received at cemetery :



10. Have fingerprints been placed on Report of Interment **NO**
(yes-no)

If not, explain **BADLY DECOMPOSED AND MISSING PORTIONS.**

11. Has tooth chart been prepared **YES** If not, explain
(yes-no)

12. Remarks : **Remains completely decomposed .Segregated remains from Case # 15019.**

Est.weight of remains recovered 15 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

(HK)
Wm. J. Pelton
Officer's Name
Wm. J. Pelton
Major **QMG**
Rank Service

HQ, Third Field Command AGRC.
Organisation

(Basic Ltr WD OQMG, QMGMM 293 Newman, Thomas K. SN 33 175 835,
dtd 28 May 1947).

RRE 293.9 (IB)

1st Ind

Hq American Graves Registration Command, European Area, APO 58,
US Army, 26 August 1947.

TO: The Quartermaster General, Washington 25, D.C.

1. Staff Sergeant Thomas K. Newman, 33175835 is believed
to be one of the following unknowns reburied in US Military
Cemetery St Avold:

X-6599 - (FFFF-3-29)
X-6588 - (JJJJ-4-91)

2. Further action is being taken on this case by Uniden-
tified Deceased branch, this headquarters.

FOR THE COMMANDING GENERAL:

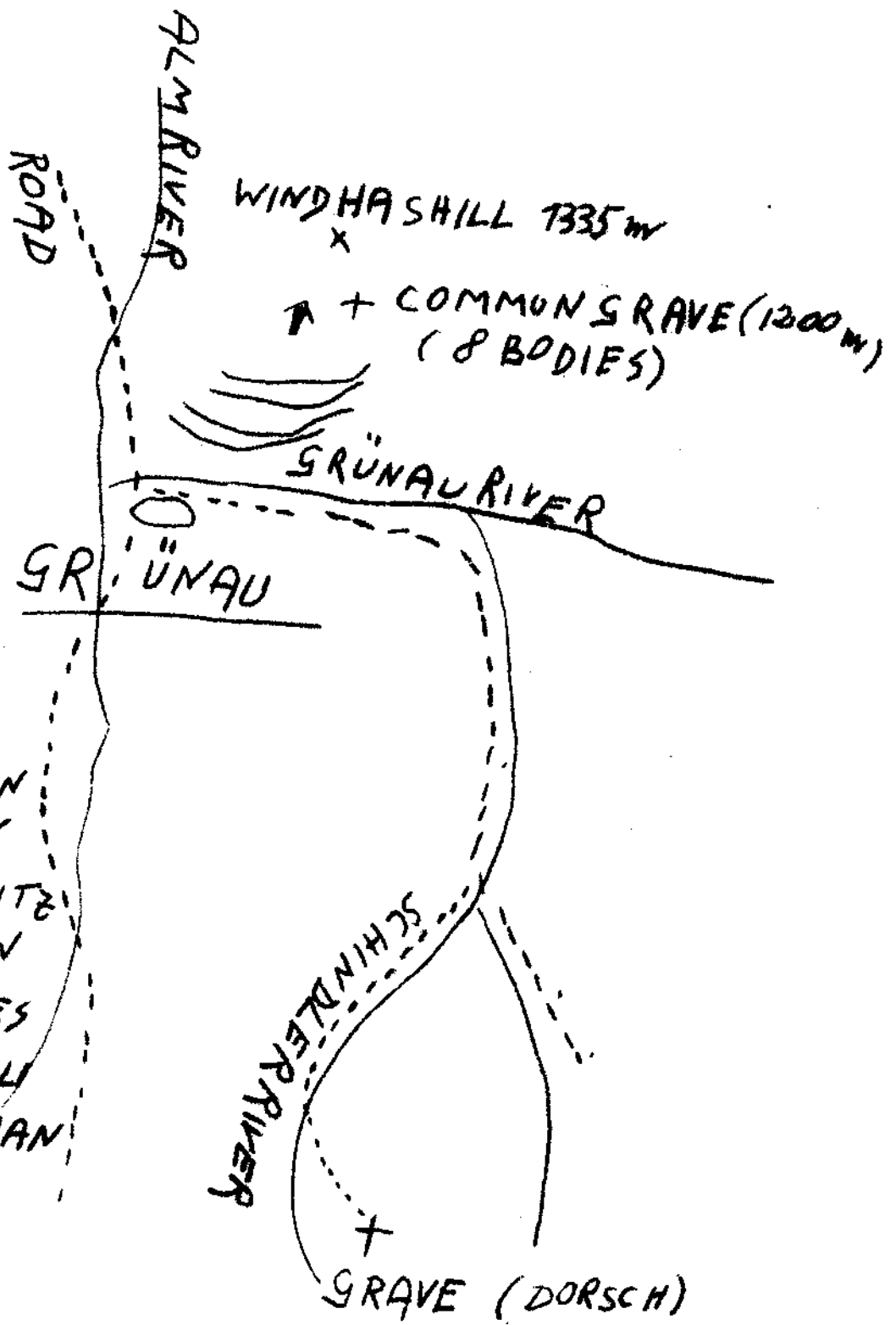
Incl: w/d

WALTER B. MORROW
Major, Infantry
Actg Asst Adj Gen

GRÜNAU

SAT. 48 - SALZBURG
1/250,000 (V-6536)

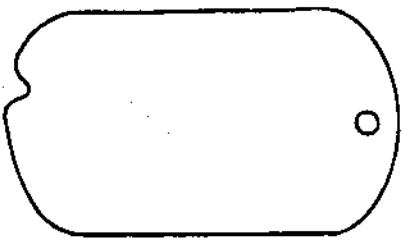
UNKNOWN X-6599
REINTERRED U.S. MIL. CRT.
ST. AVOLD, FFFF-3-29



- JAMES R. GREEN
- LEONARD R. SETUAN
- ED L. PAPIERNIAK
- FRANKLIN J. BUBLITZ
- LEYLE L. HANSEN
- RALPH E. VORHEES
- JOHN MARIANSELI
- THOMAS K. NEWMAN

RESTRICTED

13019-A /

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 11 July 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						
		NAME (Last, first, middle initial) UNKNOWN X-6599			SERIAL No. UNKNOWN			
		GRADE UNKNOWN		ORGANIZATION UNKNOWN		BRANCH OF SERVICE A.A.F.		
		RACE UNKNOWN		RELIGION UNKNOWN		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH GRUBENAU, AUSTRIA		CAUSE OF DEATH PLANE CRASH			DATE OF DEATH Est. 23 Feb. 44			
EMERGENCY ADDRESSEE (Name, relationship, and address) UNKNOWN								
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) NONE		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If identified, fill in section 2 on reverse) NONE						
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) YES		MEMORIAL DIVISION JUN 26 3 17 PM '46 REGISTRATION AND RECORDS BRANCH						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME NONE								
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.								
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U.S. Military Cemetery (Q-260584) St. Avold, France.								
DATE OF BURIAL 11 July 1946		HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER Temp. Wood-cross	PLOT No. FFFF	ROW No. 3	GRAVE No. 29
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Gruenau, Austria - Germ. Austr. Sheet 48 1:250,000, (V 6536)				PLOT No. isolated grave	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY General Service		PERSON CONDUCTING BURIAL RITES Ch. J. B. JOHNSON, 1st Lt		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY One copy WD QMC Form # 1042 Report of Interment placed in Burial Bottle and buried with remains.			IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes-embossed plate
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-6598			RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 28		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-6535			RANK UNK	SERIAL No. UNK	ORGANIZATION AAF	GRAVE No. 30		
SIGNATURE OF PERSON PREPARING REPORT Sgt. Harvey Klaike HQ, Third Field Command AGRC.				SIGNATURE OF GRS OFFICER VERIFYING REPORT RALPH W. SLEATOR Major, Inf.				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and two copies for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.								

RESTRICTED

9

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


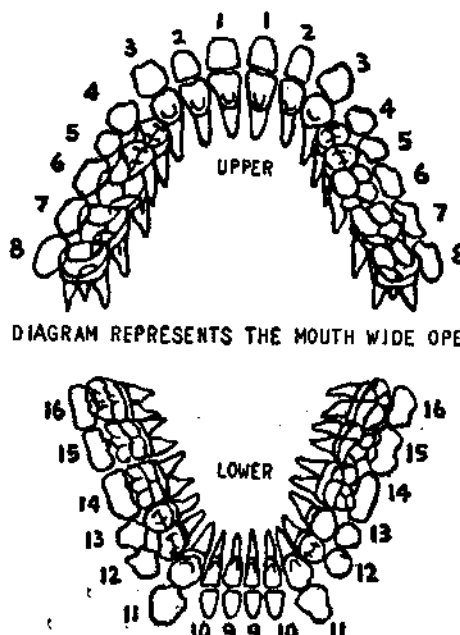




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
UTD	UTD	UTD	UTD	UTD

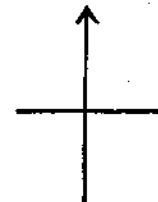
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
NONE	NONE	GRUENAU, AUSTRIA

OTHER IDENTIFICATION CLUES

NONE

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS: Attached Form 11 Check List of Unknowns and Form 1A Tooth Chart.

Impossible to obtain fingerprints because of missing portions and decomposition of the remains.

Est. weight of remains recovered 15 Lbs.